



# NEWS

# In School Health

SCHOOL HEALTH UNIT

Spring 2002

## DEVELOPING SCHOOL HEALTH SERVICES IN MASSACHUSETTS

This edition of News in School Health is devoted to the goals, history and current status of the Enhanced School Health Service (ESHS) programs, the Enhanced School Health Service with Consultation (ESHSC) Programs, and the School Based Health Centers. The Massachusetts Department of Public Health designed the “Enhanced” program models to promote development of high quality, community-based school health service programs in municipalities throughout the Commonwealth. School-based health centers (SBHC) provide accessible primary care, coordinated with local providers, to children and adolescents in certain school settings

Over the past twenty years, school health service programs in the Commonwealth’s 351 cities and towns have faced many challenges: (a) changing family structure and support systems, (b) social morbidities, (c) more mainstreamed children with special health care needs, and (d) students who lack comprehensive health insurance coverage and/or primary care providers. As the health care delivery system undergoes change, the impact on child and adolescent health is often felt in the school setting, where children spend their “working days.”

In 1993, pursuant to receiving funds from the Health Protection Fund, the Department incorporated into one program model (ESHS) the “best practices” identified in various school health service programs throughout the Commonwealth. Thirty-six school districts received four-year contracts to develop their school-nurse managed programs in four core areas: (a) strengthening the administrative infrastructure, (b) promoting health education activities, including tobacco prevention and cessation programs on-site in the school district, (c) linking the school health service program with health care providers and

public health insurance programs and (d) developing management information systems.

In 1997, at the conclusion of the first Enhanced Program cycle, the request for applicants was revised to include two parts: the original Enhanced School Health Service prototype and a new model, the Enhanced School Health Service with Consultation. Eight of the original 36 Enhanced School Health Service Programs were selected to provide consultation to 6 or 8 school districts each, while 18 communities received the basic Enhanced program funding.

In FY 2000 and 2001, with additional funds from the Tobacco Settlement, the Department again issued a request for applicants for both Enhanced program models and SBHC programs. A new ESHS program requirement was that each public school applicant provide certain health services to the nonpublic and charter schools within the community, thus beginning the process of providing equal access to quality school health services for all children.

We are pleased to report that 109 municipalities (98 ESHS and 11 ESHSC) have received a total of \$15.5 million in funding to implement the Enhanced program models. With additional funding, the numbers of school-based health centers are projected to increase to 72 sites in the 2001/2002 school year. All award recipients deserve our congratulations as they begin—or continue—to provide leadership in developing school health services and SBHC programs. They have become vital partners in the health care delivery system serving children. Thank you.

Anne H. Sheetz  
Director of School Health Services

*“A coordinated, comprehensive school health program promotes the involvement of families, schools, health providers, and communities who, all working together, can support the best possible health of students, reinforce healthy behaviors, and enhance the capacity of students to learn.”*

*Sally Fogerty, Assistant Commissioner, Bureau of Family and Community Health*



## NEWSBRIEFS

### HEALTHY FOODS WEEK:

The Massachusetts Public Health Association, (MPHA) in collaboration with the Massachusetts Department of Public Health (MDPH), the Harvard Prevention Research Center and the State Children's Legislative Caucus, is launching a "Healthy Foods Week" campaign soon. The kickoff for the school campaign was in April (Public Health Month). The actual week will be October 7-11 (in conjunction with the National School Lunch Week.) To learn more about how your school can participate, please call Roberta Friedman, Program Manager (MPHA), at (617)524-6696 x 103 or email her at [rfriedman@mphaweb.org](mailto:rfriedman@mphaweb.org).

### GUIDELINES FOR PREVENTING AND MANAGING LIFE-THREATENING FOOD ALLERGIES IN THE SCHOOLS:

The Massachusetts Department of Education has been working with representatives from the MDPH, Massachusetts School Nurse Organization, Asthma and Allergy Foundation, Food Allergy Network and the Massachusetts School Physicians Committee to develop guidelines for the management and care of children with life-threatening food allergies (LTAs). These comprehensive guidelines are designed to assist schools in developing policies and protocols, as well as plan for school entry of the child with a LTA. When completed, they will be shared with schools and placed on the MDOE website.

### REGISTRATION TO PERMIT UNLICENSED PERSONNEL TO ADMINISTER EPINEPHRINE (UNDER THE SUPERVISION OF THE SCHOOL NURSE):

The MDPH recommends that all schools register with the Department to permit unlicensed personnel to administer epinephrine by auto-injector to children with diagnosed life-threatening food allergies, consistent with state regulations (105 CMR 210.000). To obtain an application for registration, please write to the School Health Unit, 4th Floor, 250 Washington Street, Boston, MA 02108.

### INFORMATIONAL BROCHURES FOR STUDENTS REGARDING CANCER CONTROL:

The MDPH Cancer Control Unit, collaborating with the School Health Unit, School-Based Health Centers and the Office of Adolescent Health, has just completed the development of two brochures designed to help young people detect cancer early.... and save lives. One brochure, "For Guys Only", addresses testicular cancer and is geared

for young men ages 15 and older. It is available in English, Spanish, and Portuguese. The other, "For Girls Only", talks about cervical cancer, and is designed for girls 14 years and older. It is available in English. The brochures are available free of charge from the Massachusetts Department of Public Health by sending an e-mail to [Kim.Kronenberg@state.ma.us](mailto:Kim.Kronenberg@state.ma.us).

### EXEMPTIONS TO IMMUNIZATIONS:

**Only Two Are Allowed:** The Massachusetts Immunization Program (MIP) has been receiving many questions from school nurses about exemptions to the school immunization requirements, and whether or not philosophical exemptions are acceptable in Massachusetts. Please note, philosophical exemptions are not allowed by law in our state, even if signed by a physician.

According to the school immunization law (M.G.L. c.76, s15 and 15C), there are only two situations in which children who are not appropriately immunized may be admitted to school:

- 1) A **medical exemption** is allowed if a physician submits documentation that an immunization is medically contraindicated.
- 2) A **religious exemption** is allowed if a parent/guardian submits a written statement stating that immunizations conflict with their sincere religious beliefs.

Any un-immunized child who does not meet the criteria for a medical or religious exemption should be referred immediately to his/her health care provider to be assessed and immunized (unless a contraindication exists). If you have any questions about exemptions or other immunization-related issues, please feel free to contact the MIP at (617)983-6800.

### NO SHORTAGE OF Td VACCINE IN MASSACHUSETTS:

Nationwide there is shortage of Td. There is no shortage in Massachusetts as we manufacture our own. **There is no change in the Massachusetts school entry requirements for this vaccine.** Schools on the Commonwealth's borders may have students who are receiving care in another state where the vaccine is unavailable. These families have been advised to go to urgent care centers or other providers within

*continued on page 8*

# ENHANCED SCHOOL HEALTH SERVICES REQUIREMENTS

Anne H. Sheetz  
Director of School Health Services

**The Massachusetts Department of Public Health developed the FY2000/01 requirements for the Enhanced School Health Service grants using “best practices” identified in school districts throughout the Commonwealth, our experience with the ESHS model since 1993, and anticipated initiatives in child health care, e.g., mental and oral health. Requirements are in four core areas. The following is a summary of the key requirements in each core area.**

## I. STRENGTHEN THE INFRASTRUCTURE OF THE SCHOOL HEALTH SERVICE PROGRAM:

**T**he key to the success of the ESHS program is the appointment of a qualified (baccalaureate degree in nursing, preferably a masters degree, and certified by the Massachusetts Department of Education) fulltime school nurse leader, who is free from direct care responsibilities. The school nurse leader should be a member of the school’s administrative or management team and have responsibility for the entire school health service program, including the ESHS grant. Other requirements in this core area include but are not limited to:

- A staffing plan which includes approved position descriptions (requiring all school nurses employed to be either certified or eligible for Department of Education certification as “school nurses” or exempt according to the Department of Education regulations 603 CMR 7.00), and sufficient numbers of school nurses for the district size.
- A mechanism for the identification, review, revision, administrative approval and implementation of key school health policies.
- A comprehensive school district and school building emergency plan linked to local emergency medical services.
- Individualized health care plans (IHCPs), developed jointly with parents and linked to special education services, for all students with special health care needs who receive treatment during the school day.
- Provision of adequate school health room facilities, equipment and supplies, generally described in the *Comprehensive School Health Manual*, Chapter 2, and as required by M.G.L. c.71, s.53.
- Identification and establishment of a system for devel-



oping a school environment and policies which promote healthy eating and physical activity behaviors through (a) bringing nutrition and physical activity programs and services into the school and (b) reviewing school policies on vending machines, and foods available as part of school events, etc.

- Development of a *plan* for oral health services which addresses oral health assessment, dental sealants, fluoride rinse, environmental factors influencing nutrition and guidelines for the use of mouth guards.

## II. IMPLEMENT A COORDINATED HEALTH EDUCATION PROGRAM, INCLUDING A TOBACCO/ALCOHOL/OTHER SUBSTANCE USE PREVENTION AND CESSATION PROGRAM:

The requirements within this core area include the development of a kindergarten through grade 12 comprehensive health education program which is consistent with the Health Education Frameworks developed by the Department of Education and includes a strong focus on *tobacco use prevention and cessation*. Representatives from the ESHS program are expected to participate in community and statewide coalitions addressing tobacco control, as well as other health issues affecting children and adolescents.

## III. LINK THE SCHOOL HEALTH SERVICE PROGRAMS WITH COMMUNITY PRIMARY CARE PROVIDERS, PREVENTION PROGRAMS, AND HEALTH INSURANCE PROGRAMS SERVING CHILDREN:

The goal of this core area is to ensure that: all children have a primary care provider, a dental health provider and health insurance; all students requiring services are referred to an appropriate agency; and school health service programs are closely linked to all aspects of the health care delivery system serving children. ESHS recipients must participate in Part II of Municipal Medicaid.

*continued on page 11*

## ENHANCED SCHOOL HEALTH SERVICES WITH CONSULTATION

Diane M. Gorak  
School Health Advisor

In 1997, building on the success of the Enhanced School Health Services program, the Massachusetts Department of Public Health's Bureau of Family and Community Health developed a second model, entitled "Enhanced School Health Services with Consultation" (ESHSC). This consultation model enables public school districts to receive mentoring from districts with identified expertise in the Enhanced model. Originally, eight contracts were awarded: Boston, Brockton, Chelsea, East Longmeadow, Framingham, Lawrence, Minuteman Vocational Technical School District and Salem. Seven were public school districts and one had school health services provided through the municipal health department (Chelsea). The City of Boston provided consultation to its ten Boston clusters.

When funding for school health services was increased (with revenue from the Tobacco Settlement Fund) in FY 2000 and 2001, Hudson, Central Berkshire and Springfield were also awarded Enhanced School Health Services with Consultation grants (ESHSC). These eleven districts collectively provide consultation to seventy-seven "recipient" school districts. The City of Springfield, recognizing Boston's success in providing consultation to its ten clusters, modeled its school health services program after the City of Boston and provides consultation to Springfield's six zones.



tion on the *four core components* of the original Enhanced School Health Services model to a group of 8-10 recipient school districts or clusters. Requirements include signed letters of agreement between each consulting and recipient school district, a designated school nurse leader for each recipient school, a health service needs assessment and a plan for improvement. In addition, because tobacco use prevention and cessation are major components of the program, each school district is required to submit a School Tobacco Control Program Self-Evaluation Tool.

Each *consultant* nurse leader is expected to meet initially with each recipient school administration, meet monthly with recipient nursing leaders, provide telephone consultation and periodic site visits, and prepare status reports for the Massachusetts Department of Public Health. Each *recipient* nurse leader schedules ongoing meetings with his/her nursing staff, meets regularly with administration to provide school health updates, coordinates nursing services with other school health services and health education, and develops school health policies. Programs must also demonstrate linkage with primary care providers, introduction of new concepts in school-based tobacco control, coordination with the comprehensive health education program, methods for identifying and enrolling uninsured students in health insurance, and plans for a management information system (MIS).

*"The consultation model in Boston supported the development of 10 teams of school nurses, which decreased the previously experienced isolation of 90 school nurses. It created an opportunity for school nurses providing services in individual clusters to combine resources and develop plans of action in meeting the health care needs of Boston's students."*

Debra Fox, Nurse Leader, Boston Public Schools

*"The consultation model presents an opportunity for school nurses to come together to share mutual challenges and solutions regarding school health services. This formal mentoring model provides guidance and resources for the school nurses to improve their personal leadership skills, thus improving the quality of care to the students in their respective districts".*

Mary Lou Donahue, Nurse Leader,  
East Longmeadow Public Schools.

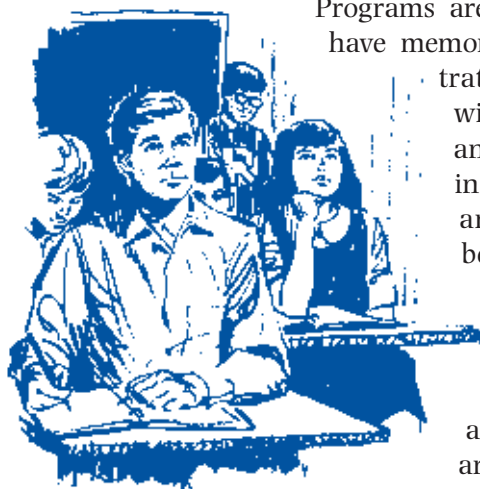
The Enhanced School Health Services with Consultation programs are required to provide consulta-

*continued on page 10*



## BASIC HEALTH SERVICES FOR STUDENTS IN NON-PUBLIC AND CHARTER SCHOOLS

Consistent with the community model, all Enhanced School Health Service and the Enhanced School Health Service with Consultation Programs are now required to have memoranda of administrative agreement with the non-public and charter schools in their communities and to provide beginning school health services to students in these schools.



The non-public and charter schools are required to have tobacco control policies consistent with those of the public schools.

Approximately 321 non-public and charter schools are included in the 109 communities receiving grants.

The goal is to provide access to the same level of school health services for every child in the community.

*“Every child in the Commonwealth deserves equal access to health care during the school day, whether he or she is in a public or non-public setting. The Enhanced School Health Services grants enable school systems across the state to begin to reach across the barriers and provide the school-based supportive health care that all children need in order to fully access their educational opportunities.”*

*Marcia Buckminster, Massachusetts Representative to the Board of Directors of National Association of School Nurses.*

### COLLABORATING WITH THE ADMINISTRATOR OF THE NON-PUBLIC OR CHARTER SCHOOL, THE SCHOOL NURSING LEADER OF EACH ESHS AND ESHSC PROGRAM:

- Designates a certified school nurse to assume responsibility for developing and implementing a plan to pro-

vide basic services to the schools. This school nurse reports to the ESHS School Nursing Leader and is a member of the public school nursing team;

- Develops a communication and reporting system (e.g., joint planning meetings and consistent data collection system) with the ESHS school health service program to ensure implementation of consistent standards for children receiving school health services within the community; and
- Identifies the role of the local public school physician and school health advisory committee in relation to the community non-public and charter schools.

The ESHS program is required to implement the following basic services during the first year of the grant:

- Completion of a student health needs assessment, including but not limited to children with special health care needs, those requiring medication during the school day, etc.;
- Identification of potential school health service resources;
- Implementation of vision, hearing and postural screening for all students, consistent with mandates for public schools;
- Review of immunization status of all students and development of a record system;
- Review of primary care provider and health insurance status of all students, with referrals to resources as needed; and
- Development of a plan for dental/oral health screening and follow-up.

During the second year, programs are required to provide 2 - 3 days per week of school nursing presence in each non-public and charter school.



## SCHOOL DISTRICTS AWARDED ENHANCED GRANTS

The Department of Public Health congratulates the following school districts on their school health service awards. The basic award amount for the ESHS was \$85,000 and for the ESHSC, \$160,000. Larger amounts were awarded to cities with more than 5000 public school students. In addition, school districts received funding of \$6000 to \$18,000 for each non-public or charter school (up to \$180,000 per community).

### Enhanced School Health Services

Amesbury Public Schools  
 Amherst-Pelham Regional School District  
 Ashburnham-Westminster Regional School District  
 Ashland Public Schools  
 Avon Public Schools  
 Barnstable Public Schools  
 Belchertown Public Schools  
 Berkshire Hills Regional School District  
 Bourne Public Schools  
 Braintree Public Schools  
 Bridgewater Raynham Regional School District  
 Brookline Public Schools  
 Cambridge Public Health  
 Canton Public Schools  
 Central Berkshire Regional School District  
 Chicopee Public Schools  
 Clinton Public Schools  
 Cohasset Public Schools  
 Dedham Public Schools  
 Douglas Public Schools  
 Fairhaven Public Schools  
 Fall River Public Schools  
 Foxborough Public Schools  
 Frontier Regional School District  
 Gardner Public Schools  
 Gateway Regional School District  
 Georgetown Public Schools  
 Gloucester Public Schools  
 Granby Public Schools  
 Hadley Public Schools  
 Hampden Wilbraham Regional School District  
 Hanover Public Schools  
 Harwich Public Schools  
 Haverhill Public Schools c/o Haverhill BOH  
 Holliston Public Schools  
 Holyoke Public Schools  
 Leominster Public Schools  
 Lexington Public Schools  
 Lowell Health Department c/o Lowell PS  
 Ludlow Public School District  
 Lynn Public Schools  
 Malden Public Schools  
 Mansfield Public Schools  
 Marblehead Public Schools  
 Masconomet Regional School District  
 Mashpee Public Schools  
 Medford Public Schools  
 Melrose Public Schools  
 Milford Public Schools  
 Milton Public Schools  
 Mohawk Trail Regional School District  
 Mount Greylock School Union  
 Nashoba Regional School District  
 Natick Public Schools  
 Needham Public Schools

New Bedford Public Schools  
 Newburyport Public Schools  
 Newton Health Department/Newton PS  
 North Andover Public Schools  
 North Attleborough Public Schools  
 North Berkshire School Union c/o Clarksburg PS  
 Northampton Public Schools  
 Northborough-Southborough Regional School District  
 Northbridge Public Schools  
 Norwood Public Schools  
 Palmer Public Schools  
 Pioneer Valley Regional School District  
 Pittsfield School System  
 Plymouth Public Schools  
 Provincetown School District  
 Quincy Public Schools  
 Randolph Public Schools  
 Rockland Public Schools  
 Rockport Public Schools  
 Sandwich Public Schools  
 Shirley Public Schools  
 Somerville Health Department  
 Southbridge Public Schools  
 Southern Berkshire Regional School District  
 Southwick Tolland Regional School District  
 Stoughton Public School District  
 Swansea Public Schools  
 Taunton Public Schools  
 Triton Regional School District  
 Wachusett Regional School District  
 Walpole Public Schools  
 Waltham Public Schools  
 Ware Public Schools  
 Watertown Public Schools  
 West Bridgewater Public Schools  
 Westborough Public Schools  
 Westfield Public Schools  
 Westford Public Schools  
 Weston Public Schools  
 Weymouth Public Schools  
 Whitman-Hanson Regional School District  
 Wilmington Public Schools  
 Winthrop Public Schools  
 Worcester Health Department c/o Worcester  
**Enhanced School Health Services with Consultation**  
 Boston Public Schools  
 Brockton Public Schools  
 Central Berkshire Regional School District  
 Chelsea Public School  
 East Longmeadow Public Schools  
 Framingham Public Schools  
 Hudson Public Schools  
 Lawrence Public Schools  
 Minuteman Regional Vocational Technical Sch. Dist.  
 Salem Public Schools  
 Springfield Public Schools

## SCHOOL-BASED HEALTH CENTER EXPANSION

Anne DeMatteis

*Director of School-Based Health Centers*

**S**chool-Based Health Centers (SBHCs) provide access to primary care and psychosocial support services for children in schools. The Centers promote positive health behaviors, increase health knowledge and contribute to success in school. Across the nation the number of school-based health centers has grown rapidly during the 1990s, increasing from about 200 in 1990 to 1380 in 1999/2000.

In Massachusetts, SBHCs are licensed satellite programs of hospitals and community health centers. They are staffed by qualified health professionals including nurse practitioners, nurses, doctors, physician assistants, health educators and social workers. One of the goals of SBHC's is to overcome the common barriers faced by families with school-age children: lack of transportation, financial and time constraints and reluctance among adolescents to seek care for personal health issues.

School-Based Health Center staff coordinate health care programs and services to students with school nurses, school administrators and faculty, the student's primary care practitioner, community providers and the student's family. The Centers provide additional health resources to schools but do not replace the school's nursing programs or the child's primary care provider. The Massachusetts Department of Public Health (MDPH) standards require that at least one school nurse be exclusively assigned to the school building in which the SBHC is located. To ensure continuity of care, the Center must also coordinate care with the child's primary care provider.

To the extent possible, The Massachusetts Department of Public Health is committed to supporting School-Based Health Centers. The first SBHC in Massachusetts opened in the mid-80s in Holyoke and by 1992 there were a total of 10 Centers funded by the MDPH with federal Title V block grant monies. In 1993, when state Health Protection Funds became available to reach children through school health programs, MDPH provided support to 35 sites. In the spring of 2000, the number of sites expanded to include both planning and operational projects that were supported through the Tobacco Settlement Fund.

The number of operating sites is expected to increase to 72 sites during the 2001/2002 school year. New sites will serve rural school districts and vocational/technical high schools, in addition to elementary, middle and high schools. Additionally, the MDPH has provided funding for SBHCs to implement special health promotion projects that include nutrition, physical fitness, tobacco prevention and cessation, oral health and injury prevention. Twenty-eight special projects were funded for the 2000/2001 school year.

Planning for a School-Based Health Center requires an in-depth analysis of the community's needs including prevalence statistics for various morbidity factors. Additionally, this process requires the involvement of an advisory committee and the consideration of financial feasibility projections. Recognizing that the costs of renovating school space to accommodate SBHC's is a major impediment to the implementation of a Center, MDPH has awarded funds directly to school districts or cities/towns to contribute to the renovation costs. In 2000/2001 funds were made available for the renovation of 13 school sites.

A summary of SBHC programs funded by DPH in FY 2002 is included here. If you would like more information, please call Anne DeMatteis at (617) 624-5473.

### SCHOOL-BASED HEALTH CENTERS IN MASSACHUSETTS COMMUNITIES

The 64 school-based health centers are located in the following communities: Attleboro (1), Boston (15), Cambridge (1), Chelsea (1), East Longmeadow (1), Everett (1), Holyoke (3), Huntington (1), Hyannis (1), Lawrence (3), Lowell (2), Lynn (7), Peabody (1), Salem (1), Sheffield (1), Somerville (1), Springfield (9), Taunton (3), Tyngsborough (1), Upton (1), Worcester (9).

Several programs in the "early implementation" phase expect to become operational in the 2001/2002 school year. These include one in each of the following communities: Springfield, Gloucester, Holyoke, Revere, Winchendon and three in Worcester.



## NEWSBRIEFS

Massachusetts. If Massachusetts schools wish to provide school-based immunization clinics, vaccine will be available from the Massachusetts Immunization Program. Please call the Vaccine Unit (617) 983-6828.

### MUNICIPAL MEDICAID:

School districts, that wish to begin participating in the Municipal Medicaid Administrative Activities Claiming Program, should contact Teresa Pastore, the Center for Health Care Finance at the University of Massachusetts Medical School (508) 856-7634 for updated information.

Under this program municipalities are reimbursed for indirect care provided in the schools to children insured under MassHealth.

### SUMMER INSTITUTE:

The annual three-day Summer Institute, organized by the University of Massachusetts/Simmons College School Health Institute (SHI), will be held at the Cape Codder in Hyannis, MA on July 9, 10, and 11. Please call the SHI for further information (413) 545-0066.



## WELCOME TO NEW STAFF

Since the last edition of *News in School Health*, the Massachusetts Department of Public Health has appointed the following new School Health Advisors and a School-Based Health Center Program Advisor who bring with them a wealth of public health, mental health, research and school health expertise. The School Health Advisors provide consultation to school districts from the regional offices and contribute to the statewide development of school health programs in Massachusetts. The SBHC Program Advisor supports the development of SBHCs throughout the Commonwealth.

**CONNIE CARROLL**, School Health Advisor – Northeast Region, ((978) 851-7261 x4025

**GAIL CONROY**, School Health Advisor - Boston Region, (617) 541-2870

**PATRICIA HANRAHAN**, School Health Advisor – Western Region, (413) 586-7525 x1189

**LYNNE MCINTYRE**, School Health Advisor – Metrowest Region, (781) 828-8046

**RENEE AIRD**, Program Advisor - School-Based Health Centers, (617) 624-5474



## ORAL HEALTH: THE ONGOING CHALLENGE

Mary Foley, RDH, MPH  
Director, Office of Oral Health



*"You are not healthy without good oral health."*

*- C. Everett Koop, M.D., Former U.S. Surgeon General*

Oral health is an essential component of total health. Many children do not have good oral health. Tooth decay is the most common disease found among children, occurring five times as often as asthma. Eighty percent of all dental disease is experienced by 25% of our most vulnerable children. In March 2000, the Massachusetts Special Legislative Commission on Oral Health reported on the "Oral Health Crisis in Massachusetts." The Commission found that many of our school children are not receiving the oral health services they need. The School Health Unit has prioritized its efforts to eliminate these oral health disparities. By working closely with the Office of Oral Health, we hope to improve the oral health of our school children.

As caretakers of children, all school health administrators should consider the need to incorporate oral health services in school health programs. Every school health program should be asking the following questions:

Is our community fluoridated?	Yes	No	Community water fluoridation is the most cost-effective preventive measure for preventing and reducing tooth decay for all members of a community.
Is our school eligible for the Fluoride Mouthrinse Program?	Yes	No	School systems located in communities that do not participate in community water fluoridation are eligible to participate in the FREE Fluoride Mouthrinse Program.
Is Oral Health Education part of our Comprehensive School Health Education Program?	Yes	No	Oral Health Education should be part of a Comprehensive Health Education Program. A comprehensive Oral Health Education curriculum has multiple components and should begin in grade one and continue through grade twelve.
Does our school comply with the MA Interscholastic Athletic Association which requires the use of mouth guards during hockey, football, soccer, and field hockey?	Yes	No	Mouth guards are mouth protectors used to prevent injury during sports. Wearing mouth guards helps to eliminate injury to the teeth, lips, cheeks and tongue. The MA Interscholastic Athletic Association regulates the use of mouthguards during specific sporting activities.
Are oral screenings included in the annual screenings performed in our school?	Yes	No	Oral screenings assist children by identifying oral disease and providing appropriate referrals. Many schools have community dental professionals who volunteer to perform annual oral health screenings.
Are dental sealants part of our comprehensive school health program?	Yes	No	Dental sealants are preventive plastic coatings applied to the chewing surfaces of back teeth, to seal out food and bacteria and prevent decay. The ideal time for dental sealant placement is right after the eruption of the 6 and 12-year molars.

For general information on any of these topics, please contact: Mary Foley, Director Office of Oral Health at (617) 624-5943

## SCHOOL-BASED ORAL HEALTH PROGRAM UPDATE

Mary Foley, RDH, MPH

Since the release of the Special Legislative Report on Oral Health entitled, *The Oral Health Crisis in Massachusetts*, in February 2000, many oral health initiatives have begun in schools and in communities across the Commonwealth. The Enhanced School Health Program and school nurses have taken the lead to improve access to preventive oral health care services for Massachusetts' most vulnerable school-aged children. Over 100 school nurses and Enhanced School Health Nurse Leaders attended oral health training seminars sponsored by the UMASS/Simmons Institute last year. The oral health seminars provided information to school nurses on the common oral health problems experienced by school-aged children, the safety and efficacy of fluoride, the purpose of dental screenings and sealant programs, the use of fluoride mouthrinses for children living in non-fluoridated communities, an oral health curriculum for grades K-12, and information on injury prevention and the use of dental mouthguards. The UMASS Simmons School Health Institute will be sponsoring additional Oral

Health Seminars in FY 2002 and 2003. All school nurses are encouraged to attend. See the University of Massachusetts/Simmons College School Health Institute brochure for further details.



The Massachusetts Department of Public Health, Bureau of Family and Community Health, is pleased to announce the addition of a dental hygienist to the Offices of School Health and Oral Health. The hygienist will provide technical assistance to Enhanced School Health Nurse Leaders and other school nurses in the development and implementation of their oral health programs. Elaine Sargent-Crooks, RDH will be available on Tuesdays, Wednesdays and Thursdays, and will be responsible for providing assistance to school nurses in all regions. Elaine may be reached

by e-mail at [escrooks@capecod.net](mailto:escrooks@capecod.net) or by calling (617) 624-5940. For information on any of the school-based oral health programs, please call either Elaine, or Mary Foley, Director for the Office of Oral Health, at (617) 624-5943.

### ENHANCED SCHOOL HEALTH SERVICES WITH CONSULTATION *continued from page 4*

Outcomes of the ESHSC model include: strengthening of school health services; development of the school nurse's leadership skills in both the consultant and recipient districts; increased data collection capabilities; improvement of nurse/student ratios; and enhanced school nursing standards and professionalism. Of the 98 school health services programs who received Enhanced School Health Services (ESHS) grants in FY 2000 and 2001, 30 had been recipient school districts in the consultation model during 1997 and 1999.

The Enhanced School Health Services with Consultation model maximizes the impact of the Health Protection and Tobacco Settlement funds toward improving statewide school health services. The model supports school districts as they develop their own comprehensive school health programs using best practices, consistent standards, and measurable results.

## ENHANCED SCHOOL HEALTH SERVICES REQUIREMENTS

*continued from page 3*

Through this program indirect school health services for children insured under MassHealth are reimbursed to the municipality.

**IV. DEVELOP A MANAGEMENT INFORMATION SYSTEM:** Each ESHS school district is required to maintain a database, share aggregate health service activity information with school administrators and MDPH, and provide progress reports. *The 2000-2001 Enhanced School Health Data Report will soon be available on the MDPH website at [www.state.ma.us/dph/overeshs.htm](http://www.state.ma.us/dph/overeshs.htm).*

These requirements are designed to provide guidance for high quality health services in the Commonwealth's schools. Of note is that all relevant health service initiatives described in the grant must be coordinated with other aspects of the school's comprehensive health education program. (For a complete listing of the ESHS requirements, please write to the School Health Unit, 250 Washington Street, Boston, MA 02108.)

### MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

#### BUREAU OF FAMILY AND COMMUNITY HEALTH SCHOOL HEALTH UNIT

250 WASHINGTON STREET, 4TH FLOOR  
BOSTON, MA 02108-4619

**ANNE SHEETZ**, Director of School Health Services,  
(617) 624-5070  
[Anne.Sheetz@state.ma.us](mailto:Anne.Sheetz@state.ma.us)

**JANET BURKE**, Administrative Assistant,  
(617) 624-5471  
[Janet.Burke@state.ma.us](mailto:Janet.Burke@state.ma.us)

**CONNIE CARROLL**, School Health Advisor, Northeast  
Region (978) 851-7261 x4025,  
[Constance.Carroll@state.ma.us](mailto:Constance.Carroll@state.ma.us)

**TOM COMERFORD**, School Health Administrator,  
(617) 624-5472  
[Tom.Comerford@state.ma.us](mailto:Tom.Comerford@state.ma.us)

**GAIL CONROY**, School Health Advisor - Boston Region,  
(617) 541-2870  
[Gail.Conroy@state.ma.us](mailto:Gail.Conroy@state.ma.us)

**DIANE GORAK**, School Health Advisor – Central Region,  
(617) 624-5493  
[Diane.Gorak@state.ma.us](mailto:Diane.Gorak@state.ma.us)

**PATRICIA HANRAHAN**, School Health Advisor – Western  
Region, (413) 586-7525 x1189  
[Patricia.Hanrahan@state.ma.us](mailto:Patricia.Hanrahan@state.ma.us)

**LYNNE MCINTYRE**, School Health Advisor – Metrowest  
Region, (781) 828-8046  
[Lynne.McIntyre@state.ma.us](mailto:Lynne.McIntyre@state.ma.us)

**ALICE MORRISON**, School Health Advisor – Southeast  
Region, (617) 624-5476  
[Alice.Morrison@state.ma.us](mailto:Alice.Morrison@state.ma.us)

**JANE SWIFT**, Governor  
**ROBERT P. GITTENS**, Secretary  
**HOWARD K. KOH**, Commissioner  
**SALLY FOGERTY**, Assistant Commissioner  
**LISA LEVINE**, Director, Division of Maternal, Child and  
Family Health

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
Bureau of Family and Community Health  
School Health Unit  
250 Washington St, 4th Floor  
Boston, MA 02108-4619



STD PRST  
US POSTAGE  
PAID  
BOSTON MA  
PERMIT #53295